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Public Health Committee
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Comments from the American Cancer Society Cancer Action Network on **HB 5542 - AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS CONCERNING THE PREVENTION OF SMOKING AND TOBACCO USE**

In an effort to improve the working, living and learning condition of Connecticut's citizens, the Clean Indoor Air Act was implemented in two phases in 2003-2004, prohibiting smoking in restaurants, food stores and bars, state owned buildings and many workplaces. The Act also restricts smoking in hotels and prohibits smoking in school buildings during school hours and activities. It was amended in 2015 to add electronic cigarettes with the exception of workplaces.

HB 5542 seeks to improve the Act by eliminating tobacco industry favored preemption provisions, extending smoke-free protections in schools to include all areas of school buildings at all times and providing for the ability of the state's institutes of higher education to be able to conduct research to improve tobacco prevention and cessation.

Preemption
Preemption occurs when local legislation is overridden by legislation at a higher level of government. It has long been a principle strategy used by the tobacco industry around the country to undermine strong local tobacco control legislation by weakening existing local laws and precluding stronger local laws from being passed in the future.

Connecticut has preempted local control since 1991. State law supersedes any existing local ordinances and prohibits any new local ordinances relative to smoking in private workplaces, government buildings, and restaurants. The 2003 Clean Indoor Air Act retained the preemptive provision.

State smoke-free laws should not preempt local authorities from enacting stronger local smoke-free laws. While state laws should be comprehensive, no state law should preempt a local government from enacting a stronger law to protect people in their workplaces and public spaces.

Local governments are more flexible and responsive than state government in effectively dealing with emerging problems, finding imaginative solutions to existing problems, and experimenting with new solutions. Local governments are closer to the community and its problems, and have been more effective than the state or federal government in addressing the problem of tobacco use.

Preemption compromises the health and rights of the men, women and children of Connecticut and only benefits the tobacco industry. In order to provide clear and concise intent and direction for the future, we respectfully submit the following language to address preemption in lieu of the deletions in Section 1 and Section 6 of the bill:

Section 1 (g) The provisions of this section shall not supersede **[**and**]** or preempt the provisions of any municipal law or ordinance relative to smoking. **[**effective prior to, on or after October 1, 1993.**]**

Section 6 (g) The provisions of this section shall not supersede **[**and**]** or preempt the provisions of any municipal law or ordinance relative to the use of an electronic nicotine delivery system or vapor product. **[**effective prior to, on or after October 1, 2015.**]**

Smoke Free Schools
HB 5542 also seeks to reduce secondhand smoke exposure to Connecticut's kids by prohibiting smoking in any area of a school building at any time. ACS CAN respectfully recommends the prohibition be extended to the entire school campus or property both inside and outside at all times.

Besides reducing exposure to secondhand smoke there are many critical reasons for implementing smoke-free policies. In addition to the clear health and economic benefits, it can improve productivity, increase class attendance, lower maintenance and cleaning costs, reduce fire risk, lower insurance rates and teaches respect for others and the campus environment. Smoke-free campus wide policies help to reduce the initiation of tobacco use among young people and assist youths and adults who are trying to quit.

Schools hold a significant place in Connecticut communities and help shape and reflect the values that make the state a wonderful place to live and raise children. 100% Smoke-free schools illustrate that tobacco use is not acceptable and by setting this example, schools can help change environments and improve the health of all Connecticut citizens.

Medical Research Exception
We respectfully submit the following language to strengthen the medical research exceptions sought in the bill:

Sec. 4. Subsection (b) The provisions of this subsection shall not apply to a person under eighteen years of age who is delivering or accepting delivery (1) in such person's capacity as an employee, or (2) as part of a peer reviewed scientific study being conducted at a medical research site for the purpose of medical research to further efforts in tobacco use prevention and cessation, provided such medical research has been approved by the institution's independent review board.

Sec. 5. Subsection (b) The provisions of this subsection shall not apply to a person under eighteen years of age who is delivering or accepting delivery (1) in such person's capacity as an employee, or (2) as part of a peer reviewed scientific study being conducted at a medical research site for the purpose of medical research to further efforts in tobacco use prevention and cessation, provided such medical research has been approved by the institution's independent review board.

Sec. 6 (2)(C) any medical research site only when peer reviewed medical research to further efforts in tobacco use prevention and cessation is being conducted and where the use of an electronic nicotine delivery system or vapor product is integral to the research being conducted;

Tobacco Control and Prevention Funding

Beyond the provisions of this or any other tobacco related bill before this General Assembly, a far larger concern, however, is that for the second year in a row, the state of Connecticut does not intend to provide for any funding to the Tobacco and Health Trust Fund for tobacco control and prevention programs. Existing funds are essentially depleted and our ability to control the ever-increasing toll tobacco use costs our health and economy is already severely impacted. Equally alarming, because the Budget is also a statement of policy, this proposal continues to send a dangerous message to our kids, 4,300 of whom will try tobacco for the first time this year.

Despite significant progress since the first Surgeon General's report, issued over 50 years ago, tobacco related diseases are the single most preventable cause of death in our society, yet according to DPH statistics, tobacco use continues to kill more people in Connecticut each year than alcohol, AIDS, car crashes, illegal drugs, accidents, murders and suicides *combined*.

The good news is that state and local governments can reduce tobacco use, save lives and save money by implementing three proven solutions to the problem: 1) Implementing smoke-free laws 2) Regular and significant increases in tobacco taxes and 3) Fully funding evidence based tobacco prevention and cessation programs. Separately each approach can help, but putting into place all three of these strategies will maximize the benefits to the states.

2015 CDC Statistics indicate 4,900 people will die in Connecticut this year while 4,300 people--90% of whom are under 18-- will try tobacco for the first time[1]. Statistically speaking, therefore, one or two people in Connecticut will have died from causes related to tobacco use during the course of this hearing today. Adding to the tragedy, someone in Connecticut will have tried tobacco for the first time during course of this hearing as well.

Connecticut receives $487 million annually between the MSA funds and tobacco tax revenue. Over the years, however, less than 1% of the cumulative total has been spent in support of smoking cessation services. In 2013 we spent $6 million on TUC, for 2014 and 2015 that number was cut in half. However, for FY '16 and now FY '17, that number is zero. *Our children are worth more than zero*.

It gets worse. Since it's inception in 2000, the Tobacco and Health Trust fund has been raided or had funds redirected 67 times. While the CDC recommends $32 million be spent on tobacco control programs in Connecticut *per year*, we have dedicated a cumulative total of only $29.7 million for tobacco control during those 16 years-- *$2.3 million less than the CDC recommends we spend annually*. While the state has continually underfunded programs with proven results and now has eliminated funding them altogether, *Connecticut incurs $2.03 billion in annual health care costs.*

We can, should and need to do more. We know what can be done, what has a demonstrably proven level of success and at what cost and with a reasonable expectation on return of investment.

The 2014 Surgeon General's report found, "States that have made larger investments in comprehensive tobacco control programs have seen larger declines in cigarettes sales than the nation as a whole, and the prevalence of smoking among adults and youth has declined faster, as spending for tobacco control programs has increased.[2]" The report concluded that long-term investment is critical: "Experience also shows that the longer the states invest in comprehensive tobacco control programs, the greater and faster the impact."

States that have funded tobacco control have indeed seen results:

- Washington State saw a 5-1 savings with their program between 2000-2009 and cut adult smoking by a third and youth smoking in half[3].
- Florida, which has a constitutional amendment that provides $66 million per year, has seen their adult smoking rate plummet from 21.1% in 2007 to 16.8% in 2014 and their youth smoking rate drop to 6.9% in 2015 from a high of 10.5% in 2006[4].
- In California, lung cancer rates declined by a third between 1988 and 2011[5].
- Alaska, one of only two states to fully fund according to the CDC recommendations, has cut its high school smoking rate by 70% since 1995[6].
- Maine reduced its youth smoking rates by two thirds between 1997-2013[7].

70% of Connecticut's smokers indicate they want to quit while 40% attempt to quit each year, however only about 5% are successful. Many fail because, in part, of a lack of access to successful cessation programs. Funding tobacco use prevention and cessation programs that alleviate this burden on our citizens and economy are not only consistent with our shared goal of insuring access to care to those in need, it is also the only fiscally responsible approach we can take.

There is no risk-free level of exposure to secondhand smoke and tobacco use remains the leading cause of preventable death in this country. The U.S. Surgeon General estimates that 56,000 Connecticut youth alive today will lose their lives prematurely if we don't do more to reduce current smoking rates[8]. State policymakers must support proven policy interventions that reduce tobacco use so our children can grow up in a tobacco-free generation.

Thank you for your consideration of our comments.

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[1] CDC, *Best Practices for Comprehensive Tobacco Control Programs—2014,* http://www.cdc.gov/tobacco/stateandcommunity/best_practices/.

[2] U.S. Department of Health and Human Services. *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General.* Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

[3] Washington State Department of Health, Tobacco Prevention and Control Program, *Progress Report*, March 2011

[4] Florida Department of Health. Bureau of Epidemiology, Division of Disease Control and Health Protection. Florida Youth Tobacco Survey, 2015, http://www.floridahealth.gov/statistics-and-data/survey-data/fl-youth-tobacco-survey/_documents/2015-state/index.html

[5] California Department of Public Health, California Tobacco Control Program, California Tobacco Facts and Figures 2015, Sacramento, CA 2015, https://www.cdph.ca.gov/programs/tobacco/Documents/Resources/Fact%20Sheets/2015FactsFigures-web2.pdf

[6] Alaska Tobacco Prevention and Control Program Annual report http://dhss.alaska.gov/dph/Chronic/Documents/Tobacco/PDF/TobaccoARFY13.pdf Alaska Department of Health and Social Services, "2015 Youth Risk Behavior Survey Results," November 2015, http://dhss.alaska.gov/dph/Chronic/Documents/yrbs/2015AKTradHS_YRBS_SummaryTables.pdf.

[7] National Youth Risk Behavior Survey, 1997 and 2013.

[8] Youth projected to die prematurely: *The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General,* 2014.